



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed
Date Filed: 12/13/2004
Business ID: 423386
William M. Gardner
Secretary of State

EVERETT E. HOUGHTON CO., INC.

9 ELM STREET, P.O. BOX 387

WALPOLE, NH 03608

ADDRESS OF PRINCIPAL OFFICE:

9 ELM STREET, P.O. BOX 387

WALPOLE, NH 03608

REGISTERED AGENT AND OFFICE:

MARK E. HOUGHTON

9 ELM STREET P.O. BOX 387

WALPOLE, NH 03608

ENTITY TYPE: CORPORATION

BUSINESS ID: 423386

STATE OF DOMICILE: NH

FEDERAL ID: 02-0661444

PLUMBING AND ELECTRICAL CONTRACTING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address P.O. Box 574, Walpole, NH 03608-0574

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Mark E. Houghton
STREET 9 Elm Street, P.O. Box 387
CITY/STATE/ZIP Walpole, NH 03608-0387

NAME William E. Houghton
STREET 9 Elm Street, P.O. Box 387
CITY/STATE/ZIP Walpole, NH 03608-0387

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Mark E. Houghton
STREET 9 Elm Street, P.O. Box 387
CITY/STATE/ZIP Walpole, NH 03608-0387

NAME William E. Houghton
STREET 9 Elm Street, P.O. Box 387
CITY/STATE/ZIP Walpole, NH 03608-0387

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THIS REPORT WILL BE REJECTED

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

New Hampshire Dept



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